

PATENT APPLICATION

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Examiner: A. Boakye

Group Art Unit: 2667

April 8, 2005

SUPPLEMENTAL AMENDMENT

Date of Signature

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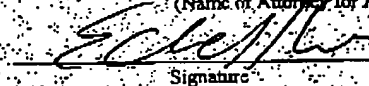
FACSIMILE COVER SHEET**TO:** U.S. Patent & Trademark Office
Central Facsimile**FROM:** Edward A. Kmett (Reg. No. 42,746)**RE:** U.S. Application No. 09/661,152
Attn: Examiner A. Boakye
Group Art Unit 2667
Atty. Docket No. 03560.002067.1**FAX NO.:** (703) 872-9306**DATE:** April 8, 2005**NO. OF PAGES:** 11
(including cover page)**TIME:** 3:24**SENT BY:** MHA**MESSAGE**

Transmitted herewith is a Supplemental Amendment and an Amendment
Transmittal further to the Amendment filed on April 4, 2005.

I hereby certify that this correspondence is being facsimile transmitted
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Edward A. Kmett (Reg. No. 42,746)
(Name of Attorney for Applicant)

Signature

April 8, 2005

Date of Signature

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In re Application of:

RIE SUZUKI

Application No.: 09/661,152

Filed: September 13, 2000

For: SPREAD-SPECTRUM COMMUNICATION METHOD AND APPARATUS

Docket No. 03560.002067.1

Examiner: A. Boakye

Group Art Unit: 2667

Date: April 8, 2005

Mail Stop Amendment
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Sir:

Transmitted herewith is a Supplemental Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 22	MINUS	** 42	= 0	x \$25 \$50	-0-
INDEP. CLAIMS	* 4	MINUS	*** 7	= 0	x \$100 \$200	-0-
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT—						-0-

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** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

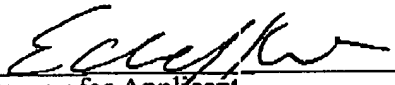
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Page 1 of 2

- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Edward A. Kmett
Registration No.: 42,746

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